**Appendix 4.2:**



**Community Care Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Community Care** | | |
| **Priority 1 – To examine the suitability, efficacy and cost effectiveness of *new and planned* services that mean “People will only have to go to hospital when they really need to be there” (a quote from an STP slide).**  Parameters: social prescribing, prevention, early intervention, self-care, use of digital technologies, support for people with long-term conditions, crisis and intermediate care | A **Project** to:   * Learn about the pilot social prescribing service *and other* planned services. * Ensure the views of patients are taken into account in the development of the social prescribing pilot and any subsequent roll-out to other areas of the borough. * Find out the comparative costs of social prescribing *and other* planned services as compared with the services that would otherwise be used. | A report on our findings.  To improve services in the community.  To reduce unnecessary hospital admissions. |
| **Priority 2 – Kingston Co-ordinated Care (KCC)** | An **Agenda Item** on each task group agenda to:   * keep informed about the work of KCC and the activities and views of the KCC Advisory Group * ensure that service users and carers are involved in all stages of the re-commissioning of home care services (as currently provided by independent home care agencies) | To support, without duplicating, the work of the KCC Advisory Group.  To ensure the recommissioned home services meet the needs of users and carers. |
| **Priority 3 – NHS SW London Sustainability and Transformation Plan** | An **Agenda Item** on each task group agenda to:   * Keep informed about the development of the STP. * Receive reports from the Grassroots events to be arranged by HWK in 2017/18 which are expected to focus on specific issues in the STP. * Contribute to the arrangements for any future public consultation. * Contribute to HWK’s response to any future public consultation. | * Healthwatch Kingston (as a whole) is well-equipped to facilitate and respond to the development of the STP and any future public consultation on proposed major changes in services. |



**Hospital Services Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Hospital Services** | | |
| **Priority 1 – Discharge from Kingston Hospital**  To find out what people discharged from Kingston Hospital, following an in-patient admission, think about the discharge arrangements (from the time of decision to discharge until all services needed at home have been put in place) | A **Project** to:   * Learn about the current policies and procedures applicable to discharge, how the quality of the arrangements is monitored and assessed, and about any planned changes/improvements in the arrangements. * Learn about good practice examples (e.g. Healthwatch England’ report ‘Safely Home’) and similar projects undertaken by other organisations (e.g. HW Richmond’s 2015 project). * Work with Kingston Hospital to develop a methodology that will enable HWK to obtain the views of recently-discharged patients. | * A better understanding of the current discharge arrangements * The production of a report detailing our findings including recommendations. * Evidence that HWK has contributed towards the ongoing development and improvement of local discharge arrangements |
| **Priority 2 – Complaints and Concerns** | An **Agenda Item** on each task group agenda to:   * Consider the latest Complaints/PALS report from Kingston Hospital. * Consider any relevant information received by staff, e.g. through the ‘patient experience log’. * Identifying any issues in the reports that need to be followed up, e.g. seeking further information or instigating an Enter & View visit. * Reviewing developments on the issues raised with the Hospital in 2016/17. | * Kingston Hospital is held to account for the actions that they said they would carry out. * The Task Group is adequately informed about the reasons why patients express concerns about Kingston Hospital. * The Task Group is adequately-equipped to determine its work priorities and any Enter & View visits that are needed. |
| **Priority 3– NHS SW London Sustainability and Transformation Plan** | An **Agenda Item** on each task group agenda to:   * Keep informed about the development of the STP. * Receive reports from the Grassroots events to be arranged by HWK in 2017/18 which are expected to focus on specific issues in the STP. * Contribute to the arrangements for any future public consultation. * Contribute to HWK’s response to any future public consultation. | * Healthwatch Kingston (as a whole) is well-equipped to facilitate and respond to the development of the STP and any future public consultation on proposed major changes in services |
| Priority 4- Kingston Hospital Royal Eye Unit | A light touch **Enter and View visit** to the Unit towards the end of 2017. | * Ensuring that improved customer service arrangements in the Unit (following on from the HWK visits undertaken in 2016) are being maintained. |



**Mental Health Task Group**

**Task Group priorities for 2017/18**

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| **What are our AIMS?** | **What ACTIONS will take to achieve them?** | **What are our INTENDED OUTCOMES?** |

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| **DOMAIN: Mental Health** |

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| **Priority 1 – New mental health strategy**  To support the implementation of the new  Mental Health & Wellbeing Strategy (Thrive  Kingston), specifically to support the active  participation of groups and/or individuals as  equal partners in co-designing change. | * Develop a comprehensive action plan   with commissioners.   * Facilitate the establishment of an   implementation group for the strategy.   * Support the active participation of   people with lived experience of mental  health and their carers.   * Work with South West Local * Healthwatch organisations to monitor   regional developments (e.g. STP).   * Nominate one of our trustees and/or   volunteers to take a lead on the  implementation of the strategy and to  represent our interests. | * We have involved a wide range of   people with lived experience of mental  health and their carers.   * We have embedded the principles of   co-designing change in the  commissioning process.   * We have built a network of stakeholders   to contribute to the implementation of  the strategy.   * We have influence at a strategic and   operational level.   * Our involvement promotes our   commitment to ensuring people have a  voice and an opportunity to be heard. |
| **Priority 2 – iCope**  To contribute to an understanding about how well iCope services perform and use this information to make recommendations to commissioners of the service. | * Learn about current service provision. * Develop proactive relationships with key   stakeholders to support the delivery of  an iCope project.   * Gather evidence to support a better   understanding of iCope provision.   * Produce a report detailing project   findings and recommendations for commissioners | * We have identified key themes related   to iCope provision.   * We have shared our findings with a wide   range of stakeholders and included  relevant responses in our report.   * We have provided recommendations to   improve service delivery and/or  highlighted best practice.   * We have included anonymous service   user stories in our report to help get our  message across. |
| **Priority 3 – Enter & View Visits**  To use our Enter & View function to have a  positive influence on the delivery of health and social care services. | * Establish volunteer-led E&V Teams and   produce a visit schedule.   * Carry out background checks to ensure   we are informed about service delivery  prior to visits.   * Use recommendations from previous E&V visits to inform future ones. * Visit Tolworth Hospital and other   services (including other South West   * London based mental health sites) to   observe the environment, talk with  patients, carers and staff and make  recommendations.   * Produce a report(s) detailing the outcome of the E&V visits. | * We identify and share positive stories   about service delivery as well as  highlighting areas for improvement.   * Our report(s) inform people about   services by providing balanced and  objective recommendations.   * Our recommendations are acted upon   and the service user experience is  improved.   * We share our report(s) with * Healthwatch England, CQC and other   national bodies (if appropriate). |